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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Coppens et al.

Serial No.: 08/898,736

Filed: July 23, 1997

Title: PROCESS FOR THE

PREPARATION OF MALTED

CEREALS

Group Art Unit: 1761

Examiner: C. Sherrer

CERTIFICATE OF MAILING

I hereby certify that this paper is deposited with the U.S. Postal Service as first-class mail in an envelope addressed to:

in an envelope addressed to: Commissioner of Patents & Trademarks, Washington, D.C.

20231, on this date.

Date Registration No. 30, 152

Attorney for Applicants

DECLARATION RE ATCC DEPOSIT

Honorable Commissioner of Patents and Trademarks Washington, D.C. 20231

Dear Sir:

The undersigned attorney certifies that the following microorganisms are on deposit with the American Type Culture Collection:

- a) Rhizopus oryzae NRRL 1427, now assigned PTA-3670;
- b) Rhizopus oryzae NRRL 1891, now assigned PTA-3671;
- c) Rhizopus oryzae ATCC 4858, now assigned PTA-3627;
- d) Aspergillus oryzae ATCC 14156, now assigned PTA-3628; and
- e) Rhizopus oryzae ATCC 9363, now assigned PTA-3629.

As indicated in the attached copies of the deposit forms, and in accordance with 37 CFR 1.808 and MPEP 2404, the above-identified microorganisms will be irrevocably and without

restriction or condition released to the public upon issuance of a patent on the present application.

Respectfully submitted,

FITCH, EVEN, TABIN & FLANNERY

Bv:

James P. Krueger

Registration No. 35,234

OCT 0 3 2001

Date:

Fitch, Even, Tabin & Flannery 120 So. LaSalle St., S/1600 Chicago, IL 60603-3406

Phone: 312/577-7000

Fax: 312/577-7007

American Type Culture Collection

ATCC

10801 University Bivd., Manassas, VA 20110-2209 Phone (703) 365-2700; fax (703) 365-2745; e-mail applied-sci@atcc.org

TO DEPOSIT OR TO CONVERT A DEPOSIT TO MEET THE REQUIREMENTS OF THE BUDAPEST TREATY ON THE INTERNATIONAL RECOGNITION OF THE DEPOSIT OF MICROORGANISMS FOR THE PURPOSES OF PATENT PROCEDURE

	The state of the s
	ALL QUESTIONS MUST BE COMPLETED IN ENGLISH. PLEASE USE ONE FORM FOR EACH STRAIN DEPOSITED. 1. Name of deposit. If microorganism, give complete scientific name including genus and species and source of material; if virus give name, whether plant or animal, and source including geographic location; if cell line, give tissue and species, geographical source of isolation, and any known hazards associated (HIV, EBV, etc.); if genetic materials, give name of organism from which vector, clone or library is derived, source of the DNA insert identified by species (e.g. human, mouse) or scientific name, and give name of gene and identity of the host organism; if consortia or mixed culture, each component of the mixture must be identified if seeds, embryos, insect eggs, etc., give common name, scientific name, and geographical source.
	FUNGI, Rhizupis ORYZAC ATLC NO. 4858
•	
;	2. Strain designation (i.e., number, symbols, etc.) $ATCCNO.495^{\circ}8$ The strain designation must correspond with the vial labels.
;	3. Is this an original deposit under the Budapest Treaty?
	Is this a request for a conversion of a deposit already at ATCC to meet the requirements of the Budapest Treaty? If so please indicate ATCC designation. 475 ATCC NO. 4558
5	. Is this deposit a mixture of microcrganisms or cells?
6	Provide details necessary to cultivate, test for viability, and store deposit. If mixture, provide description of components and a method to check presence. If plasmid, provide name of host and antibiotic resistance. Same AS ATCC 4858
	311ME AS A1CE 4833
7	Provide sufficient description so that ATCC may confirm deposit properties (e.g., Gram negative rod). SAMUAS A TIC 4858
	a. If deposit is a cell culture, is it being cultured in the presence of antibiotics? If so, please list the antibiotics.
	b. If deposit is hybridoma, what is the isotype of antibody produced?
8.	Is this strain hazardous to humans? No Animals? No Plants? No If yes, what is the recommended biosafety level for working with this strain? (Refer to Biosafety in Microbiological and Biomedical Laboratories, 4th ed. U.S. Dept. of Health and Human Services at www.cdc.gov/od/ohs/biosfty/bmbl4/bmbl4toc.htm].
9.	Availability: Prior to the issuance of a U.S. Patent, ATCC will only make a culture available as instructed by the depositor or relevant patent office. Samples must be provided to a specific investigator if a pertinent patent office under the Budapest Treaty instructs ATCC to do so. The following questions must be answered:
	a) As of date of deposit or conversion to meet the requirements of the Budapest Treaty, do you wish the deposit to be made available to anyone who requests a culture? If yes there are no restrictions on distribution. Answering no will ensure the deposit is not available until the patent has issued. Yes No _X
	b) As of date of deposit or conversion to meet the requirements of the Budapest Treaty, do you wish the deposit to be made available to requestors which satisfy patent offices in countries not signatory to the Budapest Treaty? Yes No No
	Please note that if you are converting your deposit to most the annual of the D

Please note that if you are converting your deposit to meet the requirements of the Budapest Treaty and your deposit has already been released for distribution due to the issuance of a U.S. patent, you cannot restrict it from further distribution.

USPTO Rules and Regulations (37 CFR 1	.808 [a][2]).		
10. ATCC will notify you of your ATCC number Name of individual to notify:	3 P KRUECCE		
Fax: 312-577-7007			• 1
 Payment by check, or credit card (Masterd for billing have been made and approved. 	ard, VISA or American Expre ATCC accepts Purchase Ord	ers in the correct a	pany the deposit unless prior arrangement amount:
Purchase Order No.	Ch	eck No	
Credit Card number. Please indicate Maste	erCard, VISA, or AE.		-
Exp. Date:	Name shown on care	d:	or print clearly.)
4		(Please type	or print clearly.)
Signature of card-holder			
PAYMENT: ATCC MUST HAVE A BILLING AD	DRESS, CONTACT PERSON	I, PHONE AND FA	AX NUMBER FOR ALL DEPOSITS:
Fitch EUSN TAB. N. F.	LANNERY - SULTE	1600	
1205 LoSalle Sr. Phone: 312-577-7000	Chicago IL	60603	
Phone: 313-577-7000	Fax: 313-57	17.7007	,
12. Name, address, telephone and facsimile n	umber of your attorney of rec	ord	1100 1205 1.6.1/0 (+
Lancs Kauges Fitch E. Chicago IL 40403	POLADIN PELAND	-	10487
MUST BE COMPLETED. Deposited on be	half of: (Verify with your mana	agement who own	s the deposit. The owner is usually a
company or institute and not an individual.)	<u> </u>		· · · · · · · · · · · · · · · · · · ·
I understand and agree that the deposit may (at least 30 years after the date of deposit o I nger), and that if a culture should die or b responsibility to replace it with a living culture embryos, and seeds, it is my responsibility	r 5 years after the date of the e destroyed during the life our cure of the same organism o	ne most recent re of the patent or the r cell. In the case	quest for the deposit, whichever is ne period of time so specified, it is my s of viruses, cell cultures, plasmids,
10 P Variation (D PK		AUG 0 2 2001
JAMES P. KRUEGER (Typed Name	Signature	<u> </u>	Date
Typed Name Address: 120 5 LoSelle St	Chicago 10	1 6060.	3
Phone: 312-571-7000 F	ax. 312-577.700	フ E-mail: ナ	okare@fifeheser. Com
ADDRESS SHIPMENTS AND FORM TO THE	Amo 108	ent Depository erican Type Cultur 01 University Blvd nassas, VA 20110	
STORAGE: Cultures are stored for 30 years from required under the rules of patent offices in most FEES: For current fees, check our Web site at (703) 365-2700 ext. 320. All fees are subject to	st countries. www.atcc.org, request a fee s		
ATCC USE ONLY: ATCC DESIGNATION	REC'D		V.T. RESULT
Name of Deposit	Strain	n Designation:	

After a U.S. patent issues and we are so notified, ATCC makes the culture available to anyone who requests it, as allowed under

American Type Culture Collection



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TO DEPOSIT OR TO CONVERT A DEPOSIT TO MEET THE REQUIREMENTS OF THE BUDAPEST TREATY ON THE INTERNATIONAL RECOGNITION OF THE DEPOSIT OF MICROORGANISMS FOR THE PURPOSES OF PATENT PROCEDURE

	LL QUESTIONS MUST BE COMPLETED IN ENGLISH. PLEASE USE ONE FORM FOR EACH STRAIN DEPOSITED. Name of deposit. If microorganism, give complete scientific name including genus and species and source of material; if virus, give name, whether plant or animal, and source including geographic location; if cell line, give tissue and species, geographical source of isolation, and any known hazards associated (HIV, EBV, etc.); if genetic materials, give name of organism from which vector, clone or library is derived, source of the DNA insert identified by species (e.g. human, mouse) or scientific name, and give name of gene and identity of the host organism; if consortia or mixed culture, each component of the mixture must be identified; if seeds, embryos, insect eggs, etc., give common name, scientific name, and geographical source.
	FUNG. ASPERGILLUS URYZAC ATCC NO. 14156
	AT. 11.51
2.	Strain designation (i.e., number, symbols, etc.) ATCC NO. 14156 The strain designation must correspond with the vial labels.
3.	Is this an original deposit under the Budapest Treaty? 4E5
4.	Is this a request for a conversion of a deposit already at ATCC to meet the requirements of the Budapest Treaty? If so please indicate ATCC designation. 465 ATCC Mo 14154
5.	Is this deposit a mixture of microorganisms or cells?
3.	Provide details necessary to cultivate, test for viability, and store deposit. If mixture, provide description of components and a method to check presence. If plasmid, provide name of host and antibiotic resistance.
	SAME AS ATIC 14156
7.	Provide sufficient description so that ATCC may confirm deposit properties (e.g., Gram negative rod). 5411 AS ATCC 14156
	a. If deposit is a cell culture, is it being cultured in the presence of antibiotics? If so, please list the antibiotics. NA
	b. If deposit is hybridoma, what is the isotype of antibody produced?
3.	Is this strain hazardous to humans? No Animals? No Plants? No If yes, what is the recommended biosafety level for working with this strain? (Refer to Biosafety in Microbiological and Biomedical Laboratories, 4th d. U.S. Dept. of Health and Human Services at www.cdc.gov/od/ohs/biosfty/bmbl4/bmbl4toc.htm].
€.	Availability: Prior to the issuance of a U.S. Patent, ATCC will only make a culture available as instructed by the depositor or relevant patent office. Samples must be provided to a specific investigator if a pertinent patent office under the Budapest Treaty instructs ATCC to do so. The following questions must be answered:
	a) As of date of deposit or conversion to meet the requirements of the Budapest Treaty, do you wish the deposit to be made available to anyone who requests a culture? If yes there are no restrictions on distribution. Answering no will ensure the deposit is not available until the patent has issued. Yes No
	b) As of date of deposit or conversion to meet the requirements of the Budapest Treaty, do you wish the deposit to be made available to requestors which satisfy patent offices in countries not signatory to the Budapest Treaty? Yes No If yes state which countries.

Please note that if you are converting your deposit to meet the requirements of the Budapest Treaty and your deposit has already been released for distribution due to the issuance of a U.S. patent, you cannot restrict it from further distribution.

After a U.S. patent issues and we are so notifi USPTO Rules and Regulations (37 CFR 1.		culture ava	ilable to any	one who reque	sts it, as allowed under
10. ATCC will notify you of your ATCC number Name of individual to notify:	2 1225662				
Fax: 312-5777067	Phone: 311	-577	7000	E-mail	JAKA Jela Firen
11. Payment by check, or credit card (Masterc for billing have been made and approved. A	ard, VISA or Americar	n Express).	must accon	npany the depo	sit unless prior arrangemer
Purchase Order No.		Check	No		
Credit Card number. Please indicate Maste	rCard, VISA, or AE.				
Exp. Date:	Name shown	on card: _	(Please typ	e or print clearly.	
Signature of card holder			,	· · · · · · · · · · · · · · · · · · ·	
PAYMENT: ATCC MUST HAVE A BILLING ADI	DRESS, CONTACT PI	ERSON, P	HONE AND	FAX NUMBER	FOR ALL DEPOSITS:
FIACH EVENTAB. N. FI	ANNERY - SU	. tE 1	600		
1205 LoSalle St. Phone: 313-577-7000	Chicago	166	0603		
Phone: 313 577 7000	Fax:	-577	.700	7	·
12. Name, address, telephone and facsimile nu	imber of your attorney	of record.	5:45	11.00 17	os in Gille (t
James Kausgia Fitch Ed Chicago IL 60603	ID-L	Doolest or	Coss No.	70687	03 623276 47.
•					
3. MUST BE COMPLETED. Deposited on being company or institute and not an individual.)	ralf of: (Verify with you <u>CALS; 11</u>	ur managei	nent who ow		The owner is usually a
I understand and agree that the deposit may (at least 30 years after the date of deposit or I nger), and that if a culture should die or be responsibility to replace it with a living cultumbryos, and seeds, it is my responsibility t	 5 years after the date destroyed during the line of the same organ to supply a sufficient 	te of the mane life of the name of the nam	nost recent re ne patent or ell. In the cas for distributi	equest for the the period of t ses of viruses, on for the peri	deposit, whichever is ime so specified, it is my cell cultures, plasmids, od of time specified ab ve
JAMES P. KRUEGEZ (Typed Name	Jan P.K	nun			AUG D Z 2001
Typed Name	Sigha	ture	<i>i</i>	_	Date
Address: 120 5 CoSelle St	Chicogu	12	6660	3	
Typed Name Address: 120 5 Co5 / Phone: 312-571-7000 Fa	x: 312-577	7007	. E-mail: ナ	pkarak	Ofikkesen Com
ADDRESS SHIPMENTS AND FORM TO THE A	ATTENTION OF:	America 10801 (Jniversity Blv	ure Collection rd. 0-2209 U.S.A.	
STORAGE: Cultures are stored for 30 years fro required under the rules of patent offices in most FEES: For current fees, check our Web site at (703) 365-2700 ext. 320. All fees are subject to	st countries. www.atcc.org, request				
ATCC USE ONLY: ATCC DESIGNATION	F	REC'D		V.T. RES	GULT
Name of Deposit		Strain De	esignation: _		

Form BP/1 Rev. 2/00

American Type Culture Collection



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TO DEPOSIT OR TO CONVERT A DEPOSIT TO MEET THE REQUIREMENTS OF THE BUDAPEST TREATY ON THE INTERNATIONAL RECOGNITION OF THE DEPOSIT OF MICROORGANISMS FOR THE PURPOSES OF PATENT PROCEDURE

A 1.	Name of deposit. If microorganism, give complete scientific name including genus and species and source of material; if virus, give name, whether plant or animal, and source including geographic location; if cell line, give tissue and species, geographical source of isolation, and any known hazards associated (HIV. EBV, etc.); if genetic materials, give name of organism from which vector, clone or library is derived, source of the DNA insert identified by species (e.g. human, mouse) or scientific name, and give name of gene and identity of the host organism; if consortia or mixed culture, each component of the mixture must be identified; if se ds, embryos, insect eggs, etc., give common name, scientific name, and geographical source. Fund: Rhizosis ORYZae Arcc Nr. 4363
2.	Strain designation (i.e., number, symbols, etc.) ATCC NO 936-3
	The strain designation must correspond with the vial labels.
3.	Is this an original deposit under the Budapest Treaty? 45 5
4.	Is this a request for a conversion of a deposit already at ATCC to meet the requirements of the Budapest Treaty? If so please indicate ATCC designation. 415 ATCC No 4343
5.	Is this deposit a mixture of microorganisms or cells?
	Provide details necessary to cultivate, test for viability, and store deposit. If mixture, provide description of components and a method to check presence. If plasmid, provide name of host and antibiotic resistance. SAMC AS ATCC 9363
7.	Provide sufficient description so that ATCC may confirm deposit properties (e.g., Gram negative rod). Same as ATCC 9363
	 a. If deposit is a cell culture, is it being cultured in the presence of antibiotics? If so, please list the antibiotics.
	b. If deposit is hybridoma, what is the isotype of antibody produced?
8.	Is this strain hazardous to humans? No Animals? No Plants? No If yes, what is the recommended biosafety level for working with this strain? (Refer to Biosafety in Microbiological and Biomedical Laboratories, 4th ed. U.S. Dept. of Health and Human Services at www.cdc.gov/od/ohs/biosfty/bmbl4/bmbl4toc.htm].
9.	Availability: Prior to the issuance of a U.S. Patent, ATCC will only make a culture available as instructed by the depositor or relevant patent office. Samples must be provided to a specific investigator if a pertinent patent office under the Budapest Treaty instructs ATCC to do so. The following questions must be answered:
	a) As of date of deposit or conversion to meet the requirements of the Budapest Treaty, do you wish the deposit to be made available to anyone who requests a culture? If yes there are no restrictions on distribution. Answering no will ensure the deposit is not available until the patent has issued. Yes No _X
	b) As of date of deposit or conversion to meet the requirements of the Budapest Treaty, do you wish the deposit to be made available to requestors which satisfy patent offices in countries not signatory to the Budapest Treaty? Yes No If yes state which countries.

Please nute that if you are converting your deposit to meet the requirements of the Budapest Treaty and your deposit has already been released for distribution due to the issuance of a U.S. patent, you cannot restrict it from further distribution.

USPTO Rules and Regulations (37 CFR 1.8	08 (a)[2]).	
10. ATCC will notify you of your ATCC number. Name of individual to notify:	PARCECIE	
Fax: 312 577 7067	Phone: 31x-577 7cck?	E-mail: JAKACEC FITCH
11. Payment by check, or credit card (Masterca for billing have been made and approved. A	rd, VISA or American Express), must accomp TCC accepts Purchase Orders in the correct a	any the deposit unless prior arrangemen imount:
Purchase Order No.	Check No.	
Credit Card number. Please indicate Master	Card, VISA, or AE.	
Exp. Date:	Name shown on card:	
	(Please type	or print clearly.)
Signature of card holder		
PAYMENT: ATCC MUST HAVE A BILLING ADD	<u> </u>	XX NUMBER FOR ALL DEPOSITS:
Fitch Even TAb. N. Fli	ANNERY - SU. FE 1600	
1203 LoSallest.	Chicago 12 60603	
Phone: 312 577-7000	Fax: _ <i>313-577-1001</i>	
12. Name, address, telephone and facsimile nur	mber of your attorney of record.	
James Kausgia Fitch Ev	ENTABINIFIANNERY, SOLLE	600 1205 Lesellest.
Lames Kriger Fitch Ex	(Ref: Docket or Case No	0432
13. MUST BE COMPLETED. Deposited on behi		
company or institute and not an individual.)		
		· · · · · · · · · · · · · · · · · · ·
I understand and agree that the deposit may (at least 30 years after the date of deposit or I nger), and that if a culture should die or be responsibility to replace it with a living cultur embryos, and seeds, it is my responsibility to Typed Name	5 years after the date of the most recent redestroyed during the life of the patent or the of the same organism or cell. In the case a supply a sufficient quantity for distribution	quest for the deposit, whichever is ne period of time so specified, it is my s of viruses, cell cultures, plasmids, n for the period of time specified above
Typed Name	Sighature	Date
Address: 120 5 LoSelle St.	Chicago 16 6660	3
Phone: 312-571-7000 Fax	x: 312-577.707 E-mail: 1	okave & fitchéics. Com
ADDRESS SHIPMENTS AND FORM TO THE A	TTENTION OF: Patent Depository American Type Cultur 10801 University Blvd Manassas, VA 20110	•
STORAGE: Cultures are stored for 30 years from required under the rules of patent offices in most FEES: For current fees, check our Web site at w (703) 365-2700 ext. 320. All fees are subject to compare the compared to the	t countries. ww.atcc.org, request a fee sheet by e-mail to	
ATCC USE ONLY: ATCC DESIGNATION	REC'D	V.T. RESULT
Name of Deposit	Strain Designation:	

After a U.S. patent issues and we are so notified, ATCC makes the culture available to anyone who requests it, as allowed under

American Type Culture Collection



10801 University Blvd., Manassas, VA 20110-2209 Phone (703) 365-2700; fax (703) 365-2745; e-mail applied-sci@atcc.org

TO DEPOSIT OR TO CONVERT A DEPOSIT TO MEET THE REQUIREMENTS OF THE BUDAPEST TREATY ON THE INTERNA-TIONAL RECOGNITION OF THE DEPOSIT OF MICROORGANISMS FOR THE PURPOSES OF PATENT PROCEDURE

TIONAL RECOGNITION OF THE DEPOSIT OF MICROORGANISMS FOR THE PURPOSES OF PATENT PROCEDUR	₹E
ALL QUESTIONS MUST BE COMPLETED IN ENGLISH. PLEASE USE ONE FORM FOR EACH STRAIN DEPOSITE 1. Name of deposit. If microorganism, give complete scientific name including genus and species and source of mate give name, whether plant or animal, and source including geographic location; if cell line, give tissue and species, g source of isolation, and any known hazards associated (HIV. EBV. etc.); if genetic materials, give name of organism vector, clone or library is derived, source of the DNA insert identified by species (e.g. human, mouse) or scientific name of gene and identity of the host organism; if consortia or mixed culture, each component of the mixture must if seeds, embryos, insect eggs, etc., give common name, scientific name, and geographical source. FUNCIONAL REPOSITE	erial; if virus , geographical m from which ime, and give
	
2. Strain designation (i.e., number, symbols, etc.) NRL 1472 The strain designation must correspond with the vial labels.	· -
3. Is this an original deposit under the Budapest Treaty?	· · · · · · · · · · · · · · · · · · ·
1. Is this a request for a conversion of a deposit already at ATCC to meet the requirements of the Budapest Treaty? If so indicate ATCC designation.	please
5: Is this deposit a mixture of microorganisms or cells?	
Provide details necessary to cultivate, test for viability, and store deposit. If mixture, provide description of component method to check presence. If plasmid, provide name of host and antibiotic resistance. Same A5 were 1472	s and a
Provide sufficient description so that ATCC may confirm deposit properties (e.g., Gram negative rod). 5 AME 15 NKKL 1472	
a. If deposit is a cell culture, is it being cultured in the presence of antibiotics? If so, please list the antibiotics.	
b. If deposit is hybridoma, what is the isotype of antibody produced?	
Is this strain hazardous to humans? No Animals? No Plants? NO If yes, what is the rebiosafety level for working with this strain? (Refer to Biosafety in Microbiological and Biomedical Labora ed. U.S. Dept. of Health and Human Services at www.cdc.gov/od/ohs/biosfty/bmbl4/bmbl4toc.htm).	commended atories, 4th
Availability: Prior to the issuance of a U.S. Patent, ATCC will only make a culture available as instructed by the deposit patent office. Samples must be provided to a specific investigator if a pertinent patent office under the Budapest Treaty ATCC to do so. The following questions must be answered:	
a) As of date of deposit or conversion to meet the requirements of the Budapest Treaty, do you wish the deposit to be available to anyone who requests a culture? If yes there are no restrictions on distribution. Answering no will ensure is not available until the patent has issued. Yes No	
b) As of date of deposit or conversion to meet the requirements of the Budapest Treaty, do you wish the deposit to be available to requestors which satisfy patent offices in countries not signatory to the Budapest Treaty? Yes Not if yes state which countries.	made

Please note that if you are converting your deposit to meet the requirements of the Budapest Treaty and your deposit has already been released for distribution due to the issuance of a U.S. patent, you cannot restrict it from further distribution.

Name of individuals to notify: James P. Kastical Fax. 3.2.577.2627 Phone: 3.2.527.7060 E-mail: Jakksuck Electrical 11. Payment by check, or credit card (Mastercard, VISA or American Express), must accompany the deposit unless prior arrangements for billing have been made and approved. ATCC accepts Purchase Orders in the correct amount: Purchase Order No. Check No. Credit Card number. Please indicate MasterCard, VISA, or AE. Esp. Date: Name shown on card: [Please type or print clearly) Signature of card holder PAYMENT ATCO MUST HAVE A BILLING ADDRESS, CONTACT PERSON, PHONE AND FAX NUMBER FOR ALL DEPOSITS: JAMES PROVIDED TO SURFACE STORY OF THE ATTENTION OF: Payments ATCO MUST HAVE A BILLING ADDRESS, CONTACT PERSON, PHONE AND FAX NUMBER FOR ALL DEPOSITS: JAMES REVIECCY FIRST PLANT AS IN FIRST PROVIDED TO SURFACE STORY OF THE ATTENTION OF: Phone: 31.2-577. 7000 Fax: 31.2-577.7007 12. Name, address, telephone and facisimile number of your azorney of record. JAMES REVIECCY Chi Caso IL GOGD3 (Ref: Docket or Case No. 70 4P2) 13. MUST BE COMPLETED. Deposited on behalf of (Verify with your management who owns the deposit. The owner is usually a company or institute and not an individual) CASALIL INC. Linderstand and agree that the deposit may not be withdrawn by me for a period specified in Rule 9.1 of the Budapest Treaty (stall least 30 years after the date of deposit of Syears after the date of the most recent request for the deposit, whichever is longer, and that if a culture should die or be destroyed during the life of the patient or the period of time as specified, it is my responsibility to replace it with a living culture of the same organism or cell, in the cases of viruses, cell cultures, plasmids. JAMES P. KRUCKEE STORY TOOO Fax: 31.2-577-7007 E-mail: Jakas P. Richard Call. Address: 12 C. Sall S. Sall		r after confirmation of viability testing is complet	e.
11. Payment by check, or credit card (Mastercard, VISA or American Express), must accompany the deposit unless prior arrangements for billing have been made and approved. ATCC accepts Purchase Orders in the correct amount: Purchase Order No	Fax: 3 / 2 - 57 7 - 7 cc 7	Phone: 312-577-7000	E-mail: JOKEUCEU FIRHPY
Credit Card number, Please indicate MasterCard, VISA, or AE. Exp. Date: Name shown on card: (Please type or print clearly) Signature of card holder PAYMENT: ATCC MUST HAVE A BILLING ADDRESS, CONTACT PERSON, PHONE AND FAX NUMBER FOR ALL DEPOSITS: January Control of the Cont	11 Payment by check, or credit card (Masters	and, VISA or American Express), must accompa	any the deposit unless prior arrangements mount:
Signature of card holder PAYMENT, ATCC MUST HAVE A BILLING ADDRESS. CONTACT PERSON, PHONE AND FAX NUMBER FOR ALL DEPOSITS: JAMES P. KRUICK FITCH VEN TABLETIANNELLY - STIFL ICO 120 S Lo Salle St. Chicage IL GOGO3 Phone: 313-577-7000 Fax: 312-577-7007 12. Name, address, telephone and facsimile number of your attorney of record. JAMES KANCICK FITCH CONTACT ADDITIONAL FOR DOCKET OF CASE NO. 70-4F2 13. MUST BE COMPLETED. Deposited on behalf of (Verify with your management who owns the deposit. The owner is usually a company or institute and not an individual.) CASY IL CONTACT OF Syears after the date of the most recent request for the deposit, whichever is longer), and that if a culture should die or be destroyed during the life of the period of time as specified, it is my responsibility to replace it with a living culture of the same organism or cell. In the cases of viruses, cell cultures, plasmids, embryos, and seeds, it is my responsibility to supply additional to supply additional to the period of time is specified above. JAMES P. KANCIEK Typed Name Address: 120 S Lo Salle St. Chicago IL Goldo3 Phone: 312-577-7007 E-mail: pKRANCER Firth CANCING Manassas. VA 20110-2209 U.S.A. STORAGE: Cultures are stored for 30 years from date of deposit or 5 years after the last request for a sample, whichever is longer, as required under the rules of patent offices in most countries. FEES: For current less, check out Web site at www.atcc.org, request a fee sheet by e-mail to applied-sci@atcc.org, or call (703) 365-2700 ext. 320. All fees are subject to change.	Purchase Order No.	Check No.	ا داره بههند. سرم همهند مدهد به جافد به هما المعالم باداره به المعالم المعالم المعالم المعالم المعالم المعالم المعالم المعالم
Signature of card holder PAYMENT: ATCC MUST HAVE A BILLING ADDRESS, CONTACT PERSON, PHONE AND FAX NUMBER FOR ALL DEPOSITS: JAMES KRUSCIL	Credit Card number. Please indicate Maste	erCard, VISA, or AE	
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STATE CANADA STATE STA	Signature of card holder		
Phone: 312-577-7000 Fax: 312-577-7007 12. Name, address, telephone and facsimile number of your attorney of record. JAMCS KAUCCCE FIRE ELECTION OF TIMESCAY SILE (600 (20 Starselle II)) Chicaso IL 60603 (Ref: Docket or Case No. 70482) 13. MUST BE COMPLETED. Deposited on behalf of: (Verify with your management who owns the deposit. The owner is usually a company or institute and not an individual.)	PAYMENT: ATCC MUST HAVE A BILLING AD	DRESS, CONTACT PERSON, PHONE AND FA	X NUMBER FOR ALL DEPOSITS:
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(Ref: Docket or Case No	12. Name, address, telephone and facsimile of James Kaserice Fitch F	sumber of your attorney of record.	to 1600 120 Stasolh Fr.
13. MUST BE COMPLETED. Deposited on behalf of: (Verify with your management who owns the deposit. The owner is usually a company or institute and not an individual.) CAAGIII INC. I understand and agree that the deposit may not be withdrawn by me for a period specified in Rule 9.1 of the Budapest Treaty (at least 30 years after the date of deposit or 5 years after the date of the most recent request for the deposit, whichever is longer), and that if a culture should die or be destroyed during the life of the patent or the period of time so specified, it is my responsibility to replace it with a living culture of the same organism or cell. In the cases of viruses, cell cultures, plasmids, embryos, and seeds, it is my responsibility to supply a sufficient quantity for distribution for the period of time specified above. JAMCS P. KRUCCCC Typed Name Signature Signature Signature Oate Address: 12C S Lo Salle St. Chicago IL Lobos Fax: 312-577-7007 E-mail: JpKRUE Chickers Completed in 10801 University Blvd. Manassas, VA 20110-2209 U.S.A. STORAGE: Cultures are stored for 30 years from date of deposit or 5 years after the last request for a sample, whichever is longer, as required under the rules of patent offices in most countries. FEES: For current fees, check our Web site at www.atcc.org, request a fee sheet by e-mail to applied-sci@atcc.org, or call (703) 365-2700 ext. 320. All fees are subject to change.	Chicaen 16 6060.	3 (Ref: Docket or Case No.	70482
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American Type Culture Collection



10801 University Blvd., Manassas, VA 20110-2209
Phone (703) 365-2700; fax (703) 365-2745; e-mail applied-sci@atcc.org

TO DEPOSIT OR TO CONVERT A DEPOSIT TO MEET THE REQUIREMENTS OF THE BUDAPEST TREATY ON THE INTERNATIONAL RECOGNITION OF THE DEPOSIT OF MICROORGANISMS FOR THE PURPOSES OF PATENT PROCEDURE

	LL QUESTIONS MUST BE COMPLETED IN ENGLISH. PLEASE USE ONE FORM FOR EACH STRAIN DEPOSITED. Name of deposit. If microorganism, give complete scientific name including genus and species and source of material: if virus, give name, whether plant or animal, and source including geographic location; if cell line, give tissue and species, geographical source of isolation, and any known hazards associated (HIV, EBV, etc.); if genetic materials, give name of organism from which vector, clone or library is derived, source of the DNA insert identified by species (e.g. human, mouse) or scientific name, and give name of gene and identity of the host organism; if consortia or mixed culture, each component of the mixture must be identified; if seeds, embryos, insect eggs, etc., give common name, scientific name, and geographical source. FUNCI, Rhizopus Ray Zue Misk, i Sign
_	Strain designation (i.e. number symbols etc.) NRRL 1891
2.	Strain designation (i.e., number, symbols, etc.) NRRL 1891 The strain designation must correspond with the vial labels.
3.	Is this an original deposit under the Budapest Treaty? YES
4.	Is this a request for a conversion of a deposit already at ATCC to meet the requirements of the Budapest Treaty? If so please indicate ATCC designation
5.	Is this deposit a mixture of microorganisms or cells?
	Provide details necessary to cultivate, test for viability, and store deposit. If mixture, provide description of components and a method to check presence. If plasmid, provide name of host and antibiotic resistance.
	SIME AS NRRL 1891
7.	Provide sufficient description so that ATCC may confirm deposit properties (e.g., Gram negative rod). 5.9 mc 05 NRRL 1891
	a. If deposit is a cell culture, is it being cultured in the presence of antibiotics? If so, please list the antibiotics.
	b. If deposit is hybridoma, what is the isotype of antibody produced?
8.	Is this strain hazardous to humans? Animals? Plants? If yes, what is the recommended biosafety level for working with this strain? (Refer to Biosafety in Microbiological and Biomedical Laboratories, 4th ed. U.S. Dept. of Health and Human Services at www.cdc.gov/od/ohs/biosfty/bmbl4/bmbl4toc.htm].
9.	Availability: Prior to the issuance of a U.S. Patent, ATCC will only make a culture available as instructed by the depositor or relevant patent office. Samples must be provided to a specific investigator if a pertinent patent office under the Budapest Treaty instructs ATCC to do so. The following questions must be answered:
	a) As of date of deposit or conversion to meet the requirements of the Budapest Treaty, do you wish the deposit to be made available to anyone who requests a culture? If yes there are no restrictions on distribution. Answering no will ensure the deposit is not available until the patent has issued. Yes No
	b) As of date of deposit or conversion to meet the requirements of the Budapest Treaty, do you wish the deposit to be made available to requestors which satisfy patent offices in countries not signatory to the Budapest Treaty? Yes No If yes state which countries.

Please note that if you are converting your deposit to meet the requirements of the Budapest Treaty and your deposit has already been released for distribution due to the issuance of a U.S. patent you cannot restrict it from further distribution.

18A. <u>3 (3 ·) / / · / C / / </u>	P. KAUICEL Phone: 312-577-7000	E-mail: JPKerely Firsh
11. Payment by check, or credit card (Master	rcard, VISA or American Express), must accom ATCC accepts Purchase Orders in the correc	npany the deposit unless prior arrangemen
Purchase Order No.	Check No	
Credit Card number. Please indicate Mass	terCard, VISA, or AE.	
Exp. Date:	Name shown on card:	
	(Please typ	e or print clearly.)
Signature of card holder		,
JAMES P. KRUICEL	DDRESS, CONTACT PERSON, PHONE AND	FAX NUMBER FOR ALL DEPOSITS:
FITCH EVEN TABINTA	INNERLY - Suite 1600	
1205 to Salle St	Chicago 16 60603 D Fax: 312-577.700.	
Phone: 312-577-700t	0 Fax: 312-577.700.	7
12. Name, address, telephone and facsimile r	number of your attorney of record.	
JAMES KRUECCE FIACH &	VEN TABIN OF FLANNERY S	1.tr 1600 1205 La Solle 1
Chicago 16 6060.	(Ref: Docket or Case No	70482
company or institute and not an individual.		
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Form BP/1 Rev. 2/00

After a U.S. patent issues and we are so notified, ATCC makes the culture available to anyone who requests it, as allowed under

USPTO Rules and Regulations (37 CFR 1.808 [a][2]).